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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	BLACH ET AL.	Examiner:	G. DAWSON
Serial No.:	09/438,676	Group Art Unit:	3761
Filed:	NOVEMBER 12, 1999	Docket No.:	12460.1USC4
Title:	NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD		

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited in the United States Postal Service, as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 8, 2003.

By: Carla J. Mauch
Name: Carla J. Mauch

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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DEC 12 2003
TECHNOLOGY CENTER R3700

Dear Sir:

In response to the Office Action mailed October 24, 2003, please amend the above-identified application as follows:

The Pending Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 9 of this paper.



3761↑

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: BLACH ET AL. Examiner: G. DAWSON
Serial No.: 09/438,676 Group Art Unit: 3761
Filed: NOVEMBER 12, 1999 Docket: 12460.1USC4
Confirmation No.: 9726 Due Date: DECEMBER 24, 2003
Title: NASAL SUPPORT DEVICE FOR DOMESTIC MAMMALS AND METHOD

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 8, 2003.

By: Carla J. Mauch
Name: Carla J. Mauch

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Amendment and Response
- The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Return postcard

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CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
36	-	36	=	0	x	9.00	=	\$0.00
Independent Claims								
5	-	5	=	0	x	43.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

MERCHANT & GOULD P.C.
P.O. Box 2903, Minneapolis, MN 55402-0903
612.332.5300

By: Karen A. Fitzsimmons
Name: Karen A. Fitzsimmons
Reg. No.: 50,470
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